



FRESH FRUIT PACKING GENERAL PERMIT COVERAGE MODIFICATION DUE TO CHANGE IN OPERATIONS

This form must be completed **prior** to any operational changes which will result in the addition or elimination of at Treatment/Disposal Method or a significant change in wastewater characteristics or volume. Depending upon the complexity of the change, you may need to submit a new Application for Modification of Permit Coverage. Send this completed request form to:

**Washington State Department of Ecology
Central Regional Office
Attn: Steven R. Huber
General Permit Manager
15 West Yakima Avenue, Suite 200
Yakima, Washington 98902**

Please contact Steve Huber at (509) 454-7298 or shub461@ecy.wa.gov with any questions.

Complete the following General Information and Certification Statement

Permit Number	Company Name	Facility Name (if different)	
Street /PO Box	Mailing Address (check if new <input type="checkbox"/>)	Facility Location	
City/State/Zip			
Person familiar with information in request	Name	Title	Phone

CERTIFICATION: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and/or imprisonment for knowing violations.

Name (printed or typed)	Title
Signature *	Date Signed

*This document must be signed as follows: Corporations, by a principal executive officer of at least the level of vice-president; partnership, by a general partner; sole proprietorship, by the proprietor or owner. If these titles do not apply to your organization, the application is to be signed by the person who makes budget decisions for this facility.

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If you need this publication in an alternate format, please call the Water Quality Program at 360-407-6401. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

DESCRIPTION OF CHANGE IN OPERATION
<p>Modification of permit coverage is requested for the following reasons (check all that apply):</p> <div style="margin-left: 40px;"> <p>Add or discontinue use of a Treatment/Disposal Method</p> <p>Add or discontinue a wastewater discharge</p> <p>Add or discontinue use of a chemical</p> <p>Facility expansion</p> <p>Other (specify) _____</p> </div> <p>Give a brief description of the project or proposed change(s). Attach additional sheets if needed.</p> <div style="border-top: 1px solid black; height: 400px; margin-top: 10px;"></div>